

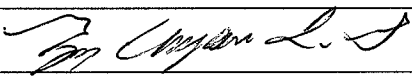
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| <h1>TRANSMITTAL<br/>FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | Application Number     | 10/520,917-Conf. #5145 |
|  | Filing Date            | January 11, 2005       |
|  | First Named Inventor   | Aymeric Perchant       |
|  | Art Unit               | 2624                   |
|  | Examiner Name          | A. S. Allison          |
| Total Number of Pages in This Submission   | Attorney Docket Number | 17452/005001           |

**ENCLOSURES (Check all that apply)**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1 Foreign Reference (15 pages)<br>2 NPL References (29 pages)<br>Information Disclosure Statement Letter (3 pages) |
| <div style="border: 1px solid black; padding: 5px; min-height: 40px;">         Remarks       </div>  |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | OSHA · LIANG LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Jonathan P. Osha T. Chyan Liang 48,885  |          |        |
| Date         | December 2, 2009  | Reg. No. | 33,986 |